



**TOWN OF NANTUCKET
PERSONNEL ACTION FORM**

Department: _____ Date Prepared: _____ Effective Date: _____

Name: _____ Address: _____

Job Title: _____ Social Security No.: _____ Telephone No.: _____

(Please note previous and new title, if changing)

Present Classification: _____ Proposed Classification: _____

Present Rate of Pay: _____ Proposed Rate of Pay: _____

☐ **Change Salary** Please explain nature of rate change (e.g. step increase, COLA, reclassification, etc.):

from \$ _____ ☐ per hour ☐ per week ☐ per year to \$ _____ ☐ per hour ☐ per week ☐ per year Amount of Raise \$ _____ ☐ per hour ☐ per week ☐ per year

☐ **Add to Payroll** ☐ Regular ☐ Part-time ☐ Temporary

☐ **Rehire**

☐ **Leave of Absence** Date of intended return to work: _____

☐ **Transfer** *Classification* *Department* *Position Title*

From: _____

To: _____

☐ **Drop from Payroll**

Comments: _____

Funding Available: ☐ Yes ☐ No (if not, please explain.)

Approvals:

Department Head _____ Date _____

Personnel Officer _____ Date _____

The Town of Nantucket is an affirmative action / equal opportunity employer.

Print three (3) copies: White: Treasurer Yellow: Department Pink: Personnel